RESEARCH HIGHLIGHT

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Welcoming Home: Social Support as a Benefit of Congregate Living for Persons with Mental Illness

INTRODUCTION

Research literature indicates that people with mental health issues are more vulnerable to homelessness, and represent a visible portion of the homeless population. Not only is safe, secure, quality housing an essential foundation for full citizenship and participation in community life, but the type of housing plays an important role in a consumer's quality of life, recovery process and sense of empowerment.

The literature consistently points to housing choice and control, privacy and autonomy as important criteria for consumers with mental health issues when choosing suitable housing. It also suggests that the majority of mental health consumers prefer to live in self-contained units as they believe this type of residence provides them with a sense of autonomy and view it as the ideal type of housing. It is entirely feasible, however, that congregate housing[1] can be just as beneficial for tenants as is self-contained housing. The present exploratory study sought to contribute to knowledge about housing options for persons with a mental illness by examining the perceived benefits of congregate housing, that is, shared housing in which individuals have a private bedroom. Further, individuals residing in congregate housing were compared to those living in self-contained units on a number of key variables thought to be impacted by their housing and supports: recovery, depressive symptomology, quality of life, and housing satisfaction. This was done because of the widely held assumption within the field that many people "graduate" from congregate housing to self-contained apartments in keeping with the view that individuals living in self-contained units would fare better on these variables.

Study Aims

This study examined the benefits of congregate living for individuals who have a mental illness. The objectives of this study were:

- To identify the perceived benefits of residing in self-contained units
- To explore whether perceived benefits of residing in self-contained units can be achieved by residing in congregate settings
- To explore whether additional gains are provided through congregate living (e.g. greater social support) in addition to the perceived benefits of residing in self-contained units.

[1] Congregate living in this study is defined as residing in a home in which a person has a private bedroom but shares common spaces such as bathrooms, a kitchen, and sitting/recreational rooms.

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METHODOLOGY

Eighty-five people (43 women and 42 men) with mental illness living in supportive housing (i.e., housing to which the support is tied to the unit), or supported housing (i.e., housing where the support travels with the tenant wherever they live) in Toronto participated in this study. Of these individuals, 30 were people residing in congregate housing (Group A), 18 were people who had moved from congregate housing into self-contained apartments in the past year (Group B), and the remaining 37 were people who had been living in self-contained units for a substantial length of time (more than 5 years) (Group C). Participants were recruited from several housing sites that varied in fidelity to supportive or supported housing models. The mean age of participants was 46.68 (SD = 8.16; n = 72).

The first two groups completed self report measures and participated in semi-structured interviews of approximately 30 minutes whereas Group C completed self report measures only. Interviews occurred at a location chosen by the participant.

RESEARCH FINDINGS

This exploratory study points to a number of interesting findings in relation to study aims. Using qualitative software, data were jointly analyzed for the two groups who were interviewed, (Group A and Group B) and there was considerable convergence in the data from the two groups. The most frequently mentioned themes were those that related to housing generally (neighbourhood, maintenance) rather than about a housing model in particular. Of those that related to housing models, four main themes emerged: choice and control was an advantage of being in a self-contained apartment; privacy was an advantage of being in a self-contained apartment; housemates were not a major source of support; and social support and connectedness were a benefit to living in congregate housing.

Study participants were relatively equally satisfied with their housing regardless of whether they lived in congregate housing or a self-contained unit.

Perceived benefits – privacy and choice and control – of living in self-contained units can be achieved in congregate settings particularly when appropriate supports were in place such as dispute mechanisms or the setting had features (e.g., multiple sitting rooms).

Support network size does not seem to differ across the two types of housing. Housemates and former housemates are a sm[illegible] percentage of overall support networks and professionals are frequently listed as support figures. This finding is consistent with prior research demonstrating that people with mental illness often have networks comprised largely of professionals.

CONCLUSION

When considered together, findings, including the absence of differences in mean scores on indices of wellbeing and the fairly similar levels of housing satisfaction across the two groups (those living in congregate settings and those living in self-contained units), support the notion that a range of housing models are needed for people with mental illness.

Findings must be interpreted with caution given that the participants were a small convenience sample. Future research should consider examining the idea that people with mental illness living in housing earmarked for them (i.e., either supported or supportive housing) have a different understanding of "support". It may be the case that in responding, participants were primarily orienting to emotional support in making their comments rather than the spectrum of support behaviours that social support theorists and researchers use.

Future research could explore in depth the ways in which co-residents possibly engage in supportive behaviours other than tangible aid and how this links into broader conceptualizations of peer support within the context of supportive and supported housing. As example, many participants who were interviewed conveyed that being a "support" figure was not an appropriate role for their co-residents.

Lastly, it would be useful to examine whether there are added benefits of congregate housing, particularly social support from peers, using a large sample, quasi-experimental design study that includes a continuum of housing models such as housing with shared bedrooms in which there is no allocated personal space.

Because of the aforementioned popularity of self-contained units, waiting lists for self-contained units are often long. A more thorough understanding of the advantages of congregate living may contribute to shifting demand towards this type of housing making it possible to house applicants in a timelier manner. Moreover, congregate living may have distinct economic advantages for housing funders/providers and for consumers and as such warrants careful examination of its merits.

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